

Letter to the Editor

Re: A case series of vitamin D deficiency in mothers affecting their infants

by Pandya et al. *Infant*, November 2010, vol 6 issue 6: pages 196-201.

Dear Editor

I would like to make a couple of comments concerning the section 'Management and treatment of vitamin D deficiency' in the above article.

1. It is stated that pregnant women should be advised to eat "a high calcium diet". In fact DH recommendations are that there is no evidence for a diet higher in calcium during pregnancy than for women who are not pregnant (Department of Health report 41 Dietary reference values for food energy and nutrients for the UK HMSO 1991).

2. It was also stated that a high phosphorus diet is advised in pregnancy. As with calcium I am not aware of any recommendations for this. Phosphorus intake tends naturally to follow calcium intake so no separate recommendation is needed.

3. It was also recommended that cod liver oil supplements might be needed by some pregnant women to supply vitamin D. This should be actively discouraged as there may be a risk of excessive intake of vitamin A which is also present in high levels in cod liver oil and carries the risk of teratogenesis.

I hope this is of interest and can be passed on to the authors and published in your journal.

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The authors reply:

We would like to thank Caroline King for her very useful comments. All the points raised are extremely valid.

We would recommend a high phosphorus/phosphate diet with vitamin D and calcium only in the proven deficient/vulnerable population due to the risks of secondary hyperparathyroidism leading to phosphate losses in urine.

We are completely in agreement about the teratogenicity of vitamin A excess. Different brands of cod liver oil vary greatly in their vitamin A content. The Institute of Medical Sciences recommends a daily intake of 2333 IU vitamin A for women. Carlson cod liver oil contains 900 IU vitamin A and 400 IU vitamin D per

5mL. So one teaspoon a day would be considered safe. Certainly cod liver oil should not be consumed in excess without medical consultation.

Phosphorus and calcium intakes usually follow each other as stated by Caroline King; we did not make this clear in our original article.

We would like to reiterate the case for vitamin D supplementation in pregnancy, particularly in the immigrant population who receive little exposure to the sun due to their dresscode. COMA, a body set up by the Department of Health, and nutritional experts recommend that pregnant and breastfeeding women should have a daily intake of 10 micrograms of vitamin D daily. The average dietary intake is 3 micrograms. Healthy start tablets provided by midwives in the second and third trimester contain 10 micrograms of vitamin D. COMA state that breastfeeding mothers should receive vitamin D supplements to ensure an adequate level.

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